

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091478977
APPLICANT(S) *Charles P. Stroh*

FILING DATE 11/16/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		0				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12						
13		1				
14		1				
15		1				
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41		1				
42		1				
43		1				
44						
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1		1		3	
TOTAL DEP.	50				0	
TOTAL CLAIMS	50				3	

IND.	DEP.	IND.	DEP.	IND.	DEP.
61	1				
62	1				
63	1				
64	1				
65	1				
66					
67					
68					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.				3	
TOTAL DEP.				0	
TOTAL CLAIMS				3	